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CLAIMS ONLY						Application Number 10/676976	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.						
1			1				51					
2				1			52					
3					1		53					
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46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep			3				Total Indep					
Total Depend			14				Total Depend					
Total Claims			17				Total Claims					